|   |  |   |               |                               |                      |                  |                     | Application or Docket Number |  |            |                            |                        |  |  |
|---|--|---|---------------|-------------------------------|----------------------|------------------|---------------------|------------------------------|--|------------|----------------------------|------------------------|--|--|
|   | PATENT APPLICATION FEE DETERMINATION RECO      |   |               |                               |                      |                  |                     |                              | RD   |            |                            |                        |  |  |
| Effective October 1, 2003   |  |   |               |                               |                      |                  |                     | 10695402                     |  |            |                            |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                               |                      |                  |                     | SMALL ENTITY TYPE            |  | OR         | OTHER THAN OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS  |  |   | 7.3           |                               |                      |                  | RA <sup>*</sup>     | ΓE                           | FEE  |            | RATE                       | FEE                    |  |  |
| FOR   |  |   | NUMBER FILED  |                               | NUMBER EXTRA         |                  | BASIC               | FEE                          | 385.00                                       | OR         | BASIC FEE                  | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 3 minus 20= |                               | * 3                  |                  | X\$                 | X\$ 9=                       |  | OR         | X\$18=                     | 54                     |  |  |
| INDEPENDENT CLAIMS  |  |   | 5 minus 3 =   |                               | * 9                  |                  | X4                  | X43=                         |  | OR         | X86=                       |                        |  |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT        |                               |                      |                  |                     | +145=                        |  | OR         | +290=                      |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |               |                               |                      |                  | TO1                 | AL                           |  | OR         | TOTAL                      | 824                    |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |                               |                      |                  |                     |                              |  | •          | OTHER                      |                        |  |  |
|   |  | (Column 1)                                | (Column 2) (C |                               |                      | (Column 3)       | SMALL ENTITY  ADDI- |                              |  | OR         | SMALL                      |                        |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA | RA                  | RATE 7                       |  |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | *   | Minus         | **                            |                      | =                | X\$                 | 9=                           |  | OR         | X\$18=                     |                        |  |  |
| MEN   | Independent                                    | *   | Minus         | ***                           |                      | =                | X4:                 | 3=                           |  | OR         | X86=                       |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |                      |                  | +14                 | 5-                           |  |            | +290=                      |                        |  |  |
|   |  | • • •                                     |               | . · . · ·                     |                      |                  |                     | OTAL                         | <u>                                     </u> | OR         | TOTAL                      |                        |  |  |
|   |  | •   |               |                               |                      | ADDIT            |                     |                              | OR   | ADDIT. FEE |                            |                        |  |  |
|   |  | (Column 1)<br>CLAIMS                      | <u> </u>      | (Colui                        | mn 2)<br>IEST        | (Column 3)       | <b>-</b>            |                              | LADDI  | l          |                            | ADDI-                  |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVI                  | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA <sup>*</sup>     | ΓE                           | ADDI-<br>TIONAL<br>FEE                       |            | RATE                       | TIONAL<br>FEE          |  |  |
|   | Total  | *   | Minus         | **                            |                      | =                | x\$                 | 9=                           |  | OR         | X\$18=                     |                        |  |  |
|   | Independent                                    | *   | Minus         | ***                           | - O. A.I.A           | =                | X4:                 | 3=                           |  | OR         | X86=                       |                        |  |  |
|   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEI   | PENDEN                        | CLAIM                |                  | +14                 | 5=                           |  | OR         | +290=                      |                        |  |  |
|   |  |   |               |                               |                      |                  |                     | OTAL                         |  | OR         | TOTAL<br>ADDIT. FEE        |                        |  |  |
|   |  | (Column 1)                                |               | (Colu                         | mn 2)                | (Column 3)       | ADDIT.              | FEE                          |  |            | ADDIT: TEE                 |                        |  |  |
|   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \          | (Column 1)<br>CLAIMS                      |               | HIGH                          | HEST                 |                  | <b>1</b>            | -                            | ADDI-  | ı          |                            | ADDI-                  |  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVI                         | MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA                  | TE                           | TIONAL<br>FEE                                |            | RATE                       | TIONAL<br>FEE          |  |  |
|   | Total  | *   | Minus         | **                            |                      | =                | _  X\$              | 9=                           |  | OR         | X\$18=                     |                        |  |  |
|   | Independent                                    | *   | Minus         | ***                           |                      | ]=               | X4:                 | 3=                           |  | OR         | X86=                       |                        |  |  |
| ۷   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE    | PENDEN                        | T CLAIN              |                  | +14                 | 5-                           |  |            | +290=                      |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |               |                               |                      |                  |                     |                              |  | OR         | TOTAL                      |                        |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |                               |                      |                  |                     |                              |  |            |                            | L                      |  |  |